

# CRITICAL BILLS OF INTEREST

## Oklahoma State Department of Health



Talking points related to concerns or benefits on specific bills.  
*State employees should not advocate for or against policies.*

### **Diabetes**

**SB972** – Requires the Oklahoma Health Care Authority to examine the feasibility of a state plan amendment for diabetes self-management training (DSMT). It defines the term "diabetes self-management training (DSMT)" to mean the process of facilitating the knowledge, skill and ability necessary for diabetes self-care and provides the process requires incorporating the patient's unique needs and experiences into an individualized education and support plan that promotes new behaviors and solutions, including, but not limited to: healthy eating, physical activity, self-monitoring and medication use.

- In the United States, 29.1 million people (10%) know they have diabetes; 440,000 of those diagnosed live in Oklahoma.<sup>i</sup>
- Adults with diabetes often have other chronic conditions, particularly cardiovascular diseases.
  - In SFY2016, more than four in every five (81.1%) SoonerCare members with diabetes were also diagnosed with hypertension.<sup>ii</sup>
  - In 2015, more than 15% of Oklahoma adults with the disease did not visit a health professional for their diabetes.<sup>iii</sup>

### **Tobacco Settlement Endowment Fund (TSET)**

**SB896** and **SJR45** modify how TSET funds are used and/or distributed.

TSET<sup>iv</sup>

- More than 360,000 Oklahomans have used services from the Oklahoma Tobacco Helpline since 2003 to help them become tobacco free.
- TSET's support of grants and programs to prevent and reduce tobacco use has saved 42,000 lives and avoided \$1.24 billion in direct medical costs.
- TSET currently funds 40 organizations in 63 counties to provide community work aimed at preventing and reducing tobacco use and obesity at the local level.
- TSET is the state's largest funder of primary prevention. Grants and programs funded by TSET focuses on reducing three behaviors – tobacco use, poor diet and sedentary lifestyle – that lead to four chronic diseases – cardiovascular disease, cancer, diabetes and lung disease – which are responsible for **60 percent of deaths** in Oklahoma.
- Tobacco use and obesity are the leading cost drivers for health care costs in Oklahoma, and nearly 15 percent of annual Medicaid expenditures are related to tobacco use.

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- Over 94% of the state's population is covered by the services provided by the TSET funded community grantees.
- Healthy Living Program (HLP) grant funding awarded to support tobacco and obesity prevention efforts in local communities fund 21 county health department programs.

### *Opioids*

**HB2798** - Creates the Opioid Overdose Fatality Review Board and sets up duties and responsibility of the board in reviewing opioid deaths across the state.

- This bill creates a significant amount of redundancy and duplication of effort.
  - The Injury Prevention Service collects data on all overdose deaths using death certificates and medical examiner reports.
  - Health outcome data (hospitalizations and deaths) is currently linked to Prescription Monitoring Program data.
- The bill requires the OSDH Center for Health Statistics to forward death certificates to the Medical Examiner's office - the Medical Examiner is the one who determines that it is an overdose death and completes the death certificate.
- The data indicate that opioid overdose deaths are beginning to trend downward in Oklahoma (beginning in 2015).

### *Marijuana*

**HB3468** – Creates the Oklahoma Cannabis Commission, upon certification of election returns favoring passage of State Question 788. It requires the Commission to address issues related to the medical marijuana program including, but not limited to: operations relating to the issuance of licenses, the dispensing cultivating, processing, transporting and sale of medical marijuana and any issues the commissions finds relevant to the program.

- HB3468 amends Title 21, although the OSDH continues to work with elected officials to address public health improvements, as its currently written many loopholes remain regarding the **right to breathe clean air**:
  - Allows lighted medical marijuana in locations where exemptions exist for smoking such as bars, bingo parlors and other specific working locations.
- Additionally, Title 63 is not fully addressed in the bill. Title 63 has additional exemptions for smoking and would be applicable for lighted medical marijuana in locations such as certain nursing and child care facilities, airports, technology centers.
- Language under 24/7 tobacco free school law would not cover medical marijuana.

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- No smoking within 25 feet of an entrance or exit of buildings would not apply for medical marijuana.

**SB1120** – Legalizes the possession, acquisition, use, delivery, transfer, transportation or administration of medical marijuana by a certified patient or designated caregiver possessing a valid registry identification card for certified medical use. It establishes guidelines for use and penalties for misuse. It requires an individual to be suffering with a serious condition or be terminally ill to qualify for medical marijuana use.

- As with HB3468, the current language of the bill does not fully address concerns related to current loopholes found in the Clean Indoor Air law.
- OSDH does not currently have the capacity to support new programs like medical marijuana.
  - The cost to operate the regulatory program will be expended before revenue is generated through licenses, fees, etc.

OSDH continues to work with the legislature to identify and promote changes to these bills that would diminish negative public health impacts and decrease the amount of agency resources that would be needed to implement a medical marijuana program.

### *Licensing*

**HB2771** – Creates the Oklahoma Department of Labor Occupational License Database. It directs the Department of Labor to develop and maintain an online website that allows public access to all occupational licenses and certifications required by the state. The bill also directs the Department of Labor to promulgate rules by which each state agency, board or commission or any other entity that regulates an occupation in this state is to submit a searchable electronic version of information related to the licensure or certification of the occupation.

- Having all occupational licensing and certification information available in one place will support OSDH functions related to licensing and increase access to information for the public.

**HB2933 and SB1174** – HB2933 mandates waivers of occupational licensing fees for certain low-income individuals; SB1174 puts limits on occupational fees and licensing requirements.

- Both bills will have a fiscal impact on OSDH; fees charged support the costs to operate licensing programs.
- Verification of income will be a new duty added to licensing programs, as this information is not currently collected.

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### *Agency Governance*

**[HB3581](#)** – Amends the duties of the Office of Accountability Systems of the State Department of Health. It specifies that the Director of the Office may report certain matters directly to the Board of Health and is under its supervision.

**[HB3584](#)** – Requires not less than two members of the Board of Health shall possess at least five (5) years of executive leadership experience in a health-related business or industry, and whose education and experience includes but is not limited to fiduciary, legal, business planning, or operation decision-making authority.

**[HB3036](#)** – Designates the State Board of Health as an advisory body to the State Commissioner of Health. Effective January 14, 2019, all duties and powers of the Board shall transfer to the Commissioner. It transfers the appointment authority for the position of Commissioner from the Board to the Governor, with the advice and consent of the Senate.

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<sup>i</sup> Data available at: [www.cdc.gov/diabetes/data](http://www.cdc.gov/diabetes/data). Accessed August 25, 2017

<sup>ii</sup> Oklahoma Health Care Authority. (March 2017). SFY2016 Diabetes Analysis.

<sup>iii</sup> ChangeLabSolutions [http://www.changelabsolutions.org/sites/default/files/Oklahoma\\_DSMET\\_FINAL.pdf](http://www.changelabsolutions.org/sites/default/files/Oklahoma_DSMET_FINAL.pdf)

<sup>iv</sup> TSET information obtained from: [http://tset.ok.gov/sites/g/files/gmc166/f/Dashboard\\_Feb18.pdf](http://tset.ok.gov/sites/g/files/gmc166/f/Dashboard_Feb18.pdf),  
[https://tset.ok.gov/sites/g/files/gmc166/f/HLP\\_FactSheet\\_WellnessGrants\\_0.pdf](https://tset.ok.gov/sites/g/files/gmc166/f/HLP_FactSheet_WellnessGrants_0.pdf),

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